

## Update on the Medical Monitoring Project

The Medical Monitoring Project (MMP) has gotten off to a quick start in the first year of data collection (2005-06). In summary, MMP<sup>1</sup> is a CDC-funded multi-region surveillance project that employs interview and medical record abstraction to learn about the presentation and treatment of HIV in 26 sites across the country, including WA State. MMP arose out of the need for a nationally representative, population-based surveillance system to assess clinical outcomes, risk behaviors, adherence data, and clinician treatment patterns impacting the quality of HIV care. Core HIV surveillance is not structured to capture these elements and may have only incomplete CD4 count, viral load, and drug resistance information. This project has been funded for a four-year project period (2005-2008). Washington, along with 12 other sites, collected data in Year 1 (2005-06) and all 26 sites will participate in Year 2.

In order to collect comprehensive information on each individual, a questionnaire was administered with modules covering access to health care, adherence, sexual behaviors, drug use behaviors, and access to prevention services. The data from the questionnaire will be combined with information from respondents' medical charts. Data collection for the first year will continue until the second year methods receive final approval-- expected in the winter of 2006/07. Forty facilities state-wide were selected for participation for the first two years of the project. The facilities included were large and small, urban and rural, HRSA (federal Health Resources Services Administration) and non-HRSA funded, for whom, surveillance records indicated, were providing HIV-care in 2004. Four hundred patients were selected to be sampled in the first year and to date, 126 interviews have been completed and of these 99 medical charts abstracted.

**Table 1: Number of interviews and chart reviews completed by characteristics of facilities participating in MMP 2005-06 (Year 1), Washington State**

Facility Characteristics	2005/2006 Completed Data Collection			
	Interviews (n=126)		Medical Chart Abstractions (n=99)	
<b>Geographic Region</b>	No.	(%)	No.	(%)
Central WA	5	(4)	5	(5)
Eastern WA	12	(10)	11	(11)
Northern WA	4	(3)	2	(2)
Southern WA	4	(3)	3	(3)
Western WA (King, Pierce & Thurston Co.)	101	(80)	78	(79)
<b>Size</b>				
Large (>100 HIV patients)	106	(84)	83	(84)
Medium (<100 and >50 HIV Patients)	17	(14)	14	(14)
Small* (<50 HIV Patients)	3	(2)	2	(2)
<b>Type</b>				
Urban Facility	114	(90)	89	(90)
Rural Facility	12	(10)	10	(10)
<b>Funding Source</b>				
HRSA funded Facility	63	(50)	53	(54)
Non-HRSA funded Facility	63	(50)	46	(46)
*Note: 2 of the small facilities did not see any patients during the patient sampled period and therefore could not participate in the first year of data collection.				

Table 1 describes characteristics of the facilities data were collected from in Year 1, 2005/06. The majority of HIV care has been provided in large urban settings. The majority of interviews 80% (101/126) were conducted in Western WA. Of the forty facilities selected in 2005, 36 were eligible, and of these 27 participated (75%) and 9 declined participation (25%). Of the four ineligible facilities, two were later determined to be part of the same medical facility as a third participating site; and two did not provide primary HIV care -- they only referred HIV patients. Of the 27 sites participating, three did not have any HIV-infected patients seen during the three month sampling period. Among those facilities that refused to participate, 89% (8/9) were private medical facilities (data not shown). Typically, publicly-funded facilities have an already established working relationship with the Washington State Department of Health (DOH) or Public Health – Seattle & King County (PHSKC) and are therefore more likely to participate in department-related projects. The state DOH also used intradepartmental HIV client services staff to help recruit the MMP facilities across the state.

### **Year Two (2006/2007) Data Collection**

The same facilities selected for participation in the first year of data collection were selected for Year 2006/2007. This allowed us to begin earlier recruitment and marketing of MMP to the facilities that refused participation in 2005. MMP staff members have been urging facility participation by communicating the impact of not participating to facility providers. If a facility refuses to participate in MMP, they are essentially preventing us from gathering data about patients like theirs and sites like them (i.e.; large vs. small, urban vs. rural, and HRSA vs. non-HRSA funded). Declining facilities thus result in a) missed opportunities to learn about care patterns in patients like the ones they're caring for and b) data not available to support grants bringing resources in for their patients. Similarly, participants who decline (as well as those never asked to participate due to their providers' refusal) may have provided important, unique or new information about risk behaviors and the receipt of HIV care.

For each year of the project, a sample of 400 patients will be selected from participating WA State facilities. The number of patients sampled from any one facility will depend on the number of patients who received HIV-related medical care during a

predetermined period of several months and on the number of facilities participating. Collection of patient lists began on August 1<sup>st</sup> 2006. Once all of the patient lists are compiled, DOH staff will send a de-identified list to CDC for sampling.

For facilities that participated in 2005, the facilities that saw approximately 75 to 200 patients in the PDP each had approximately 10-20 patients sampled. Those that saw 30 to 50 patients in the PDP had approximately 5-10 patients sampled. The closer we can get to having all 36 eligible sampled facilities participate, the smaller the burden will be on each participating facility.

Once the sampled patient list is received from CDC, DOH and PHSKC MMP staff will contact the participating facilities to start collecting data; this involves asking patients to be interviewed, compensating patients \$30 for their time, and abstracting medical charts. MMP staff will not approach selected patients directly unless previously arranged by the facility. The MMP staff members have many marketing materials to share with the facilities and will work with them on the best ways to approach their patients.

Maximum participation of providers and patients increases the likelihood of obtaining information that is truly representative of patients in care for HIV locally and nationally. If you are a selected provider or represent a selected facility, we urge you to take part in the project; it is essential that all selected providers participate.

Security and confidentiality of all personal and health care information will be strictly maintained throughout the course of this project. Facility, provider and patient names are not disclosed to CDC.

If you have any questions about this project or would like to view our marketing materials, please call Elizabeth Barash at 206-296-2907 (King County) or Alexia Exarchos at (253) 395-6730 (Washington State).

*Contributed by Alexia Exarchos, MPH and Elizabeth Barash, MPH.*

1. Thiede H, Lynch C, Kahle E, Buskin S. New approaches to monitoring HIV: Three new surveillance projects. HIV/AIDS Epidemiology Report 2<sup>nd</sup> Half 2004.